

# **Money Follows the Person (MFP) QUALITY**

**CMS Requirements for  
State's MFP HCBS Quality  
Management System (QMS)**

# MFP Quality Core requirements

- The MFP demonstration program must incorporate the same level of quality assurance (QA) and quality improvement (QI) activities found in Appendix H of the **new** 1915c HCBS waiver application
- This requirement applies to all MFP State plan and supplemental services offered under the Demo

# MFP Quality Core requirements (cont'd.)

- The 1915c waiver application Appendix H requirements are to be applied to the MFP program demonstration participants during their demonstration period (365 days)

# MFP Quality Core Requirements (cont'd.)

- **The QMS under MFP must demonstrate how the new 1915c waiver application Appendix H assurances will be met for these areas**
  - i. Level of care determinations
  - ii. Service plan description
  - iii. Identification of qualified HCBS providers
  - iv. Health and Welfare
  - v. Administrative authority
  - Vi. Financial accountability

# MFP Quality Core Requirements (cont'd.)

- **In addition to the new 1915c waiver application Appendix H requirements, the following must also be part of the State MFP QMS:**
  - **Risk assessment and mitigation process for MFP participants (1915 c waiver assurance # iv. Health and Welfare);**
  - **An emergency back-up system; and**
  - **Incident report management system which includes discovery, remediation, and improvement procedures**

# MFP QMS OP Options

- **1) If MFP participants will be directly enrolled into an already approved 1915c\* (new waiver application, Appendix H) during the MFP demo period describe:**
  - Risk assessment and mitigation process for MFP participants (1915 c waiver assurance # iv. Health and Welfare);
  - Emergency back-up system; and
  - Incident report management system which includes discovery, remediation, and improvement procedures
- \* Summarize QMS and include waiver number and date of 1915 c approval in the OP

# MFP QMS OP Options (cont'd.)

- **2) If participants will be directly enrolled into another pre-existing HCBS Medicaid program during the demonstration period (other than an approved new 1915c waiver), describe how the 1915c Appendix H requirements\* will be incorporated into the MFP program, and describe:**
  - Risk assessment and mitigation process for MFP participants via care plan (1915 c waiver assurance # iv. Health and Welfare);
  - An emergency back-up system; and
  - Incident report management system which includes discovery, remediation, and improvement procedures
- \* Follow instructions found in 1915 c Appendix H-pgs. 223-236 and document your QMS

# MFP QMS OP Options (cont'd.)

- **3) If MFP participants will not enrolled in any pre-existing HCBS Medicaid during the MFP Demo period describe how the 1915c Appendix H requirements\* will be incorporated, and describe:**
  - Risk assessment and mitigation process for discovery, remediation, and improvement (applies to 1915 c waiver assurance # iv. Health and Welfare) of MFP participants;
  - Emergency back-up system; and
  - Incident report management system.**Follow instructions found in 1915 c Appendix H- pgs. 223-236 and document your QMS**



# Web-based report

- On a semi-annual basis, MFP States will report on their QMS system (on an aggregate level), examples:
  - **Improvements to QMS;**
  - **Challenges of QMS;**
  - **Findings of incidents reports;**
  - **Whether and how QMS is assessing and addressing challenges and incidents; and**
  - **Changes or adaptations to QMS as a result of above.**

# Go Forth and Prosper

- **State's QMS are at different points of evolution & some States are way ahead of CMS**
- **We will all be building on the lessons learned**
- **This is an exciting opportunity to expand the scope and depth of your QMS**
- **TA is available----- use it !!!**